

240052

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2012 - 337 - I

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Lisa Stevens on behalf of Coleman

Telephone: 334-983-6500

Address: American moving Services, INC

Fax: 334-983-6725

PO Box 960

Other:

Midland City, AL 36350-0960

Email: kathy.grigsby@covan.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input checked="" type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input checked="" type="checkbox"/> Other: Tariff |

RECEIVED
OCT 30 2012
PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

TARIFF AGREEMENT – SOUTH CAROLINA TARIFF BUREAU, INC.

The undersigned household goods motor vehicle carrier, in consideration of the mutual covenants between it and the South Carolina Tariff Bureau, Inc. (the "corporation") contained in the Agreement, By-Laws and Procedures of the corporation, agrees to establish rates, classifications, allowances, and charges in accordance with the provisions of the Agreement, By-Laws and Procedures of the corporation, as they may from time to time be amended. The corporation agrees to publish in tariff form for the account of the undersigned carrier such rates, classifications, and charges in accordance with the Agreement, By-Laws and Procedures of the corporation. The undersigned carrier shall have the right to take independent action with respect to any tariff changes as provided by the Agreement, By-Laws and Procedures of the corporation.

*Carrier Coleman American Moving Services, Incorporated

Certificate# _____

*Use the same name as listed on your SC Public Service Commission Certificate

Signature: Katheryn M Grigsby Date 10/29/12

Name (Printed or Typed) Katheryn M Grigsby Title Director

Mailing Address: P.O. Box 960, Midland City, AL 36350-0960

Phone: 334-983-6500 Fax: 334-983-6725 Email: kathy.grigsby@covan.com

Witness: Gwen Thrash Printed Name Gwen Thrash

Witness: Onzel Patterson Printed Name Onzel Patterson

NOTE: If you have additional agencies, please list their locations and phone numbers on a separate sheet and attach.

LIMITED POWER OF ATTORNEY – SOUTH CAROLINA TARIFF BUREAU, INC.Coleman American Moving Services, Inc.

(Name of Carrier- Use the same name as listed on your SCPSC Certificate)

P.O. Box 960

(Mailing Address – P.O. Box or Street)

Midland City, AL 36350-0960

(City, State, Zip)

The above common carrier of household goods by motor vehicle does hereby make and appoint the South Carolina Tariff Bureau, Inc., its attorney and agent to publish and file for such carrier freight rates, classifications, allowances and charges as permitted or required of common carriers of household goods by motor vehicle under the laws of the State of South Carolina and the regulations of the South Carolina Public Service Commission. The carrier does hereby ratify and confirm all that the said attorney and agent may lawfully do by virtue of such authority and does hereby assume full responsibility for the acts or failure to act of said attorney and agent.

Signature: Katheryn M. GrigsbyDate: 10/29/12Name (Printed or Typed) Katheryn Grigsby Title: DirectorWitness: Gwen ThrashPrinted Name Gwen ThrashWitness: Onzel PattersonPrinted Name Onzel Patterson